



State of Delaware Flexible Spending Account (FSA)

2016 FSA Plan Year (January 1, 2016 – December 31, 2016)

Open Enrollment Instructions

Enroll or Re-Enroll in FSA starting November 2, 2015 through December 1, 2015

1. Starting your FSA enrollment or re-enrollment:

Please note: Re-enrollment is required each year if you wish to continue your FSA participation. FSA elections do not rollover to the next plan year automatically.

- A. Go to <https://enroll.asiflex.com>.
- B. Enter the Employer- Provided Code Word: **DE** and click **"Continue"**.
- C. Enter your Employee Identification Number (Employee ID plus the last four digits of your social security number) and click **"Continue"**.
- D. Enter the first three letters of your last name and then the initial of your first name. Click **"Continue"**.
- E. You may be prompted to enter your full first name, last name or re-enter your Employee Identification Number (employee ID plus the last four digits of your social security number) for verification purposes.
- F. Click **"Continue"**.

2. Making Elections:

To enroll in Flexible Spending, select "Flexible Spending Account Elections"

- A. Health Care Flexible Spending Account (HCFSA)
 1. If you wish to participate in this account, check the box next to "Health Care Account".
 2. Select either Pay Period or Annual to enter your deductions.
 3. You may then enter either the Pay Period Amount or Annual Amount and hit **"Calculate"**.
(Please Note: Annual Maximum is \$2,550.00; Annual Minimum is \$50.00)
 4. Once you are satisfied with your election, click **"Continue"** to go to the next page.

If you do not wish to participate in the HCFSA, simply click "Continue" to go to the next page.

- B. Dependent Care Flexible Spending Account (DCFSA)
 1. If you wish to participate in this account, check the box next to "Dependent Care Account".
 2. Select either Pay Period or Annual to enter your deductions.
 3. You may then enter either the Pay Period Amount or Annual Amount and hit **"Calculate"**.
(Please Note: Annual (household) Maximum is \$5,000.00; Annual Minimum is \$50.00)
 4. Once you are satisfied with your election, click **"Continue"** to go to the next page.

If you do not wish to participate in the DCFSA, simply click "Continue" to go to the next page.

3. Reimbursement:

- A. Select method of reimbursement: Deposited to a bank account already on file (current FSA participants), Deposited to a new bank account, or Mailed to your home address.
- B. Complete the bank routing number, account number and type of account.
- C. Click **"Continue"** to go to the next page.

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4. Notification:

- A. Select your preferred notification method: Text or email (you may select both).
- B. Provide the appropriate contact details (your mobile phone number and wireless carrier information and/or email address).
- C. Click **Continue**" to go to the next page.

5. Debit Card:

- A. Choose Yes or No to indicate if you wish to receive a debit card. If you are a current debit card holder, you must choose yes if you would like your card to be funded for the new plan year.
- B. Click **Continue**" to go to the next page. (If you selected No, you will be directed to the **"Final Review"** screen.)

6. Debit Card Application for Health Care FSA:

- A. Complete the application.
- B. Click **Continue**" to go to the next page.

7. Final Review:

- A. Review and confirm your elections.
- B. Click **"Go Back"** to change your enrollment elections.
- C. Once you are satisfied with your elections, click **"Confirm"** to complete your enrollment.

8. Your Elections Have Been Recorded:

- A. The final screen will display your confirmation number and election. **Print or save this screen for your records.**
- B. Click "EXIT" to leave Open Enrollment portal. This will bring you to the ASI Flex website.
- C. If you are a returning FSA user (have previously participated in the State of Delaware's Flexible Spending program), you may log into your ASIFlex account, however, your 2016 FSA Open Enrollment elections will not appear on your account until January 1, 2016.
- D. If you are a new FSA user (NOT previously enrolled in the State of Delaware's Flexible Spending program), ASIFlex will mail a confirmation statement to your home with the PIN you will need to create an account.

Note: If you wish to make a change to your 2016 FSA Open Enrollment elections, you may login and enroll again anytime during Open Enrollment using this procedure. **The last on-line enrollment submitted between November 2nd and December 1st will be applies to your 2016 FSA participation.**

All online enrollments must be completed by 11:59 p.m. ET on December 1, 2015.

Call ASIFlex at (800) 659-3035 if you need assistance with enrollment or have plan questions.